

COMPLEX LEARNING DIFFICULTIES AND DISABILITIES RESEARCH PROJECT (CLDD)

MENTAL HEALTH

What is mental health?

The World Health Organisation (WHO) defines mental health as ‘a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’.

One in four people in the general population are said to be affected by mental illness at some point in their lives. Studies suggest that 20% of children and adolescents have mental health problems at some point and one in ten have a clinically recognisable mental health disorder (CAMHS, 2004; BMA, 2006).. Amongst children with learning disabilities, the prevalence of mental health problems has been found to be significantly higher. In addition, Carpenter (2009) claims that ‘for every five children with special needs we know that three will have a mental health problem’. As Coughlan (2010) writes: ‘Very often, mental health difficulties present in atypical or unusual ways in people with an intellectual disability, and so often go unrecognised for significant periods of time.’

Possible indicators of poor mental health

Mental health issues can present in a number of ways, and it is important to distinguish between a mental health problem, disorder and illness in order to ensure that the appropriate diagnosis, treatment and support are made available.

Mental health problems are relatively common, affecting 30–40% of all children at some time during childhood. They are likely to be mild and transient, and may arise from a broad range and combination of congenital, physiological or environmental factors.

There are four main categories of mental health disorder:

- emotional
- conduct
- hyperkinetic (ADHD)
- less common (e.g. ASDs).

Mental illness refers to more severe conditions that affect a smaller number of children at some time during childhood. It includes severe depressive illness, eating disorders, such as anorexia nervosa, and psychotic disorders, such as schizophrenia.

Many symptoms of mental distress, such as self-harming, frequently occur in people with learning disabilities as a result of frustration.

Implications for teaching and learning

Difficulties for students with poor mental health may present in the following ways:

- inability to engage positively with the curriculum or school environment resulting in academic underachievement or failure (see table below)



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- inability to concentrate on cognitive tasks reducing their ability to learn
- impaired memory resulting in difficulty in learning new material or recalling previously learnt material and compounding existing learning difficulties
- high rate of absenteeism from school impacting on levels of engagement with learning.

Mental disorder	% of children more than a year behind in their intellectual development	% of children with special educational needs
None	24	17
Emotional	44	35
Conduct	59	52
Hyperkinetic	65	71
Less common disorders (e.g. ASDs)	72	97

Table 1. Scholastic ability of children with mental disorders (adapted from Green et al., 2005)

Supporting students with mental health issues

A student experiencing poor mental health or mental illness may be most effectively supported by increasing both engagement and emotional resilience at school and throughout life. Strategies to achieve this include:

Engagement

There are four key areas which can enhance engagement in learning, and therefore achievement in students with significant mental health needs, namely:

- a holistic, interdisciplinary approach
- specific activities designed to promote strong relationships with peers, teachers and the school
- relevant curriculum content and appropriate teaching and learning approaches shared decision making which advocates student voice.

Emotional resilience

Emotional resilience is concerned with students’ ability to cope with stress, trauma, unpredictable and unforeseen events and disasters. Students with disabilities may be at increased risk of facing such situations, so building emotional resilience is key to meeting their

- Early intervention: The sooner intervention begins for students with mental health needs the better. Multiagency input is needed to increase the support the student is receiving. This should include the GP, the Educational Psychology Service and the Child and Adolescent Mental Health Services (CAMHS).

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- Support in class needs to centre on encouraging the student to talk about their issues. Depending on the age of the student, this might be achieved by using a peer mentoring scheme, talking mats and other communication technology to facilitate student voice.
- Support in the form of art therapy, play therapy, music therapy or drama therapy can be extremely helpful in giving students another means of conveying their feelings and working out their fears. Relaxation training and social skills training may also be beneficial. For some students, speech and language therapy, physiotherapy and occupational therapy may also be needed.
- Increasing the amount of exercise a student receives can be critical in reducing anxiety and increasing emotional wellbeing. It may facilitate restful sleep, thus further reducing anxiety.

Key references

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